



TOWN OF ROCKPORT
BOARD OF HEALTH
34 Broadway - Rockport, MA 01966
Phone: 978-546-3701
www.rockportma.gov

Application for Septic System Operation and Maintenance Provider Permit

Permit Expires December 31 Annually – Renewals due by November 30 Annually
FEE \$25.00 Payable to the Town of Rockport ; Deadlines and \$50 Late Fee Applies*)

In accordance with M.G.L. c.111 Sec. 31, and Rockport's Title 5 Supplement Regulations, the undersigned makes application to the Rockport Board of Health for permission to conduct Operation and Maintenance (O&M) inspections.

Please Select:

- ☐ Innovative/Alternative (I/A) Septic Systems (must be a Class II Wastewater Treatment Plant Operator)
☐ Pressure Distributed Leach Areas

Name of O&M Provider: _____
Email Address: _____
Business Name: _____
Business Mailing Address: _____
Business Phone #: _____
Name of Owner/Corporation Name: _____

Please include the following with this application:

- ☐ Addresses of all septic systems you maintain in Rockport (I/A or Pressure Distributed)
☐ Workers Compensation Insurance Affidavit
☐ Copy of your Class II Wastewater Treatment Plant Operator License (if you wish to maintain I/A systems)
☐ Copy of your license or photo identification
☐ \$25 Fee (payable to Town of Rockport)

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the pains and penalties of perjury, that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

I certify that the information I have provided above is true and accurate. I agree to comply with Title 5 and any rules, regulations, or policies of the Town of Rockport. **I agree to submit O & M reports to the Board of Health and owner within 30 days of the O&M inspection and understand that failure to do so will result in suspension of O&M Provider Permit.**

Signature of Applicant: O&M Provider

Signature Corporate Office (if applicable)

FOR OFFICIAL USE ONLY

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